DOCUMENT RESUME

ED 283 069 CG 019 958

TITLE	Drug Dependence and Alcohol-Related Problems: A Manual for Community Health Workers with Guidelines for Trainers.
INSTITUTION	World Health Organization, Geneva (Switzerland).
REPORT NO	ISBN-92-4-154-212-8
PUB DATE	86
NOTE	41p.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Alcohol Education; Alcoholic Beverages; Alcoholism; *Community Health Services; Drinking; Drug Abuse; *Drug Education; *Health Personnel; *Instructional Materials; *Resource Materials
IDENTIFIERS	Alcohol Abuse

ABSTRACT

This document contains a two-part manual intended to help the community health worker in dealing with drug and alcohol problems within a framework of general health and social care. It was designed to help the community health worker: (1) acquire knowledge and skill in working with families, the community, and individuals; (2) recognize cases of drug or alcohol misuse early in their course; (3) assist in the recovery of individuals with alcohol- or drug-related problems; and (4) help in reducing or preventing alcohol or drug misuse. Part I examines drugs which are misused, how they are taken, what problems they may cause, and what constitutes drug dependence. Separate sections are devoted to assessment of the community, assessment of the individual and the family, helping the individual and the family, and mobilizing the community to combat drug dependence. Part II provides guidelines for trainers of community health workers. It contains sections on developing a curriculum, fostering appropriate attitudes, special skills and how they can be learned, and the role of the community health worker in reducing drug and alcohol misuse. The manual may be used either as part of a training course or as a reference source for health workers themselves. (NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED283069

DRUG DEPENDENCE AND ALCOHOL-RELATED PROBLEMS

A Manual for Community Health Workers with Guidelines for Trainers

CG 019958

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

M. J. Harriague

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

WORLD HEALTH ORGANIZATION GENEVA

2

The World Health Organization is a specialized agency of the United Nations with primary responsibility for international health matters and public health. Through this organization, which was created in 1948, the health professions of some 165 countries exchange their knowledge and experience with the aim of making possible the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

By means of direct technical cooperation with its Member States, and by stimulating such cooperation among them, WHO promotes the development of comprehensive health services, the prevention and control of diseases, the improvement of environmental conditions, the development of health manpower, the coordination and development of biomedical and health services research, and the planning and implementation of health programmes.

These broad fields of endeavour encompass a wide variety of activities, such as developing systems of primary health care that reach the whole population of Member countries; promoting the health of mothers and children; combating malnutrition; controlling malaria and other communicable diseases, including tuberculosis and leprosy; having achieved the eradication of smallpox, promoting mass immunization against a number of other preventable diseases; improving mental health; providing safe water supplies; and training health personnel of all categories.

Progress towards better health throughout the world also demands international cooperation in such matters as establishing international standards for biological substances, pesticides and pharmaceuticals; formulating environmental health criteria; recommending international nonproprietary names for drugs; administering the International Health Regulations; revising the International Classification of Diseases, Injuries, and Causes of Death; and collecting and disseminating health statistical information.

Further information on many aspects of WHO's work is presented in the Organization's publications.

CG

DRUG DEPENDENCE AND ALCOHOL-RELATED PROBLEMS

A Manual for
Community Health Workers
with Guidelines for Trainers

WORLD HEALTH ORGANIZATION
GENEVA
1990

4

The World Health Organization gratefully acknowledges the support of the United Nations Fund for Drug Abuse Control in the preparation of this manual.

ISBN 92 4 154 212 8

© World Health Organization 1986

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. For rights of reproduction or translation of WHO publications, in part or *in toto*, application should be made to the Office of Publications, World Health Organization, Geneva, Switzerland. The World Health Organization welcomes such appplications.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

This manual is the work of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organization.

TYPESET IN INDIA
PRINTED IN SWITZERLAND
86/6758-Macmillan/Stampfli-5000

Contents

	Page
Authors	iv
PART I. MANUAL FOR COMMUNITY HEALTH WORKERS ON DRUG DEPENDENCE AND ALCOHOL-RELATED PROBLEMS	1
Introduction	3
Assessment of the community	8
Assessment of the individual and the family	10
Helping the individual and the family	14
Mobilizing the community to combat drug dependence	19
Conclusion	21
PART II. GUIDELINES FOR TRAINERS OF COMMUNITY HEALTH WORKERS	23
Introduction	25
Developing a curriculum	26
Fostering appropriate attitudes	29
Special skills and how they can be learned	31
Role of the community health worker in reducing drug and alcohol misuse	33

Authors

This manual was prepared by the members of a WHO Advisory Group, as listed below:

Dr A. Arif, Senior Medical Officer in charge of the Drug Dependence Programme, Division of Mental Health, WHO, Geneva, Switzerland

Dr M. M. Bayoumy, Directorate of Health, Province of Fayoum, Egypt

Dr M. A. R. Hamouda, General Administration of Basic Health Care, Ministry of Health, Cairo, Egypt

Dr R. Hodgson, Head, District Department of Clinical Psychology, Whitchurch Hospital, Cardiff, Wales

Dr V. Hudolin, Head, University Department for Neurology, Psychiatry, Alcoholism and Other Dependencies, Dr Mladen Stojanović University Hospital, Zagreb, Yugoslavia

Dr U. Khant, Consultant Psychiatrist in charge of the Drug Dependency Treatment and Research Unit, Rangoon Psychiatric Hospital, Rangoon, Burma

Dr A. N. Kotry, Director-General of Mental Health, Ministry of Health, Cairo, Egypt

Dr U. Kyaw Win Mo, Rangoon Psychiatric Hospital, Rangoon, Burma

Dr D. Mohan, Associate Professor, Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, India

Dr V. Navaratnam, Director, National Drug Research Centre, Universiti Sains Malaysia, Penang, Malaysia

Dr Vichai Poshyachinda, Chief, Drug Dependence Health Centre, Institute of Health Research, Chulalongkorn University, Bangkok, Thailand

Dr D. R. Purohit, Head, Department of Psychiatry, S. N. Medical College, Jodhpur, India

Dr H. Sell, Regional Adviser for Mental Health, WHO Regional Office for South-East Asia, New Delhi, India

Dr Charas Suwanwela, Vice-Rector of Research, Chulalongkorn University, Bangkok, Thailand

Dr Prida Tasanapradit, Health Research Institute, Chulalongkorn University Medical Centre, Bangkok, Thailand

Dr A. Uchtenhagen, Director, Social and Psychiatric Services, University of Zurich, Zurich, Switzerland

Dr A. Visudhimark, Director, Department of Medical Services, Ministry of Public Health, Bangkok, Thailand

Dr J. Westermeyer, Professor and Director, Alcohol-Drug Treatment Program, Department of Psychiatry, University Hospitals, Minneapolis, MN, USA

Part I

Manual for community health workers on drug dependence and alcohol-related problems

Introduction

What is the purpose of this manual?

This manual is intended to help the community health worker in dealing with drug and alcohol problems within a framework of general health care and social care. Its approach is fourfold.

First, drug- and alcohol-related problems have both an individual and a social dimension, being in many respects similar to those associated with tuberculosis and other communicable diseases. To deal with them therefore demands knowledge and skill in working with families and the community as well as with individuals. The manual will help the community health worker to acquire this knowledge and skill.

Secondly, the manual will help the community health worker to recognize cases of drug or alcohol misuse early in their course. This will increase the likelihood of successful recovery and reduce the burden imposed on the community by such misuse.

Thirdly, the manual will enable the community health worker to assist in the recovery of people with drug- or alcohol-related problems. To do so will require knowledge about available resources, the ability to refer cases effectively, and skill in supporting people during their recovery. It is important for the community health worker to know about other available services and support networks. These should be used to the fullest possible extent.

Fourthly, the community health worker can play an influential role in reducing or preventing problems of drug or alcohol misuse, both at the individual level with a particular patient or client, and at the community level.

Which drugs are misused?

A wide range of drugs can influence people's thoughts, emotions, sleep, appetite, sexual functioning, social interaction, and other aspects of behaviour. Alcohol is often not considered to be a drug, but it most certainly is and, furthermore, can lead to severe dependence and numerous problems.

You do not need to know about all drugs, but you should know which drugs are misused in your community. Drugs likely to cause problems include the following:

(*a*) *Opiate-type drugs*:
- opium;
- derivatives of opium—morphine, heroin, codeine;
- synthetic opiates, e.g., methadone, pethidine, or meperidine.

(*b*) *Sedative drugs*:
- alcohol (e.g., beer, wine, distilled beverages);
- sleeping pills (i.e., barbiturates and chloral hydrate);
- mild tranquillizers such as diazepam, chlordiazepoxide, and meprobamate.

(*c*) *Stimulant drugs*:
- synthetic stimulants—amphetamine, dexamphetamine;
- cocaine.

(*d*) *Cannabis*:
- known by various names in different parts of the world, e.g., bhang, ganja, hashish, charas, marijuana, sai chauk, saa daeng, "red tea".

(*e*) *Hallucinogenic drugs*:
- LSD (lysergic acid diethylamide), mescaline, PCP (phencyclidine).

(*f*) *Volatile solvents/inhalants*:
- glue, kerosene, toluene, petroleum compounds, aerosols.

(*g*) *Other drugs*:
- tobacco, betel, areca, khat, kratom, coca leaf, etc.

How are drugs taken?

There are many different ways of taking drugs, including eating, drinking, chewing, smoking or inhalation, sniffing or nasal insufflation, as well as injection into the skin (subcutaneous), muscles (intramuscular), or veins (intravenous). The onset of drug action depends on the route of administration, being rapid if administration is by smoking, intravenous injection, or nasal insufflation and slower if it is by chewing, eating, or subcutaneous injection. The type of drug also determines the route of administration. For example, alcohol is taken by ingestion and heroin usually by injection or smoking. Some drugs, such as cocaine or phencyclidine, can be taken by several routes of administration. Some drugs act on the brain more rapidly than others.

What is drug dependence?

A person is dependent on a drug or alcohol when it becomes very difficult or even impossible for him/her to stop taking the drug or alcohol without help, after having taken it regularly for some time. Dependence may be physical or psychological, or both.

In the case of physical dependence, the person becomes ill when use of the drug or alcohol is stopped. For example, if a person who has been taking opium regularly for some time stops taking it, the following may occur: aching muscles, abdominal cramps, vomiting, diarrhoea, sweating, running nose, tears, and sleeplessness. A person physically dependent on alcohol or sleeping pills will experience mild to severe symptoms on withdrawal, including chills, fever, fears, irritability, confusion, violent behaviour, or convulsions. In general, the larger the doses taken, the more severe the symptoms and signs.

The signs and symptoms that occur after drug use is stopped are called the withdrawal illness. Among drugs capable of producing a withdrawal illness are sedative drugs (including alcohol) and opiates. Most other drugs produce milder physical signs during withdrawal (e.g., pulse or blood pressure changes), but the emotional and behavioural symptoms can be intense (e.g., insomnia, irritability, difficulty in working or concentrating). These symptoms can continue for several weeks or even months, but they can be expected to disappear within a year if drug use is not resumed.

In the case of psychological dependence, someone who has taken a drug regularly has a strong desire to continue using it. On stopping its use, the person becomes anxious, irritable, restless, and perhaps depressed and may not sleep well. These problems disappear after some weeks, but a desire for the drug (sometimes called craving) can return, sometimes even years later.

With most drug and alcohol misusers, the distinction between psychological and physical dependence is not clear-cut. However it is useful to bear in mind that treatment involves two objectives. The first is to stop or reduce consumption, and this could lead to a withdrawal illness. The second is to avoid relapse by coping with the craving and finding other ways of dealing with psychological and social pressures.

What problems may be caused by drugs and alcohol?

Drugs and alcohol may cause problems related to health (physical and mental), behaviour, family, work, money, and the law. Persons dependent on drugs or alcohol fall sick more frequently than others. Their nourishment is often poor, so they are apt to contract various physical illnesses. A common problem is infection, especially of the skin, respiratory system, or urinary tract. Various accidents are also associated with intoxication, including traffic accidents, falls, burns, drowning, and work-related accidents.

Some illnesses are related to the way in which the drug is taken. For example, drug or alcohol ingestion can cause stomach disorders. Drug chewing may cause problems in the mouth or stomach. Smoking may irritate the throat and lungs. Drug sniffing causes swelling of the nasal passages. Injection of drugs can damage the blood vessels and cause widespread infection throughout the body.

Drug or alcohol misuse very frequently causes emotional and psychological problems. Memory may be poor, and the personality may change or deteriorate. The person becomes difficult to live with, irritable, changeable in mood, unreasonable, or withdrawn from social contact. Depression or nervousness may occur. The particular effect depends on the type of drug used and the personality of the user, as well as the social situation.

These health and psychological problems also affect the family. Tensions and arguments within the family are frequent. Income required for the support of the family may be spent on drugs or alcohol. Decreased productivity can further reduce the family income. Other family obligations, such as child care, may be neglected, and sexual problems between husband and wife may occur.

Drug and alcohol misuse can also cause problems for society at large. Government funds must be spent on law enforcement and medical care. Widespread drug or alcohol misuse leads to broken homes and the neglect of children, who are the very foundations of a country's strength and future.

A wide range of psychological and social dysfunctions could be a sign of drug misuse, but the following physical problems should certainly arouse suspicion.

Opiate-type drugs	If a user takes too much of one of these drugs, he or she may fall unconscious or even die. A dependent person who has not taken drugs for a while will have a withdrawal illness, with various problems, such as cramps, vomiting, diarrhoea, sweating, and sleeplessness.
Sedative drugs (including alcohol)	Problems include: damage to liver and stomach (especially with alcohol), damage to brain and nerves, accidents and fighting when intoxicated, loss of memory, trembling. When heavy users give up drink, they will have a withdrawal illness with confusion, violence, extreme fear, and sometimes convulsions.
Stimulant drugs	These can produce mental illness, such as depression and excessive fears and suspicions.
Cannabis	Users often show a general loss of interest, or mental illness with attacks of confusion and depression.
Hallucinogenic drugs	Users may show signs of mental illness, with confusion and depression.
Tobacco (smoking)	In the long term, this leads to diseases of lungs and heart.
Betel (chewing)	This can lead to cancer and infections in the mouth.
Khat (chewing)	This can produce stomach problems and constipation.
Pain-killers	These can cause damage to stomach and kidneys.

Assessment of the Community

Which drugs are used in your community?

You probably already know most of the drugs (or alcoholic drinks) that are being used or misused in your community, as well as the range of sales outlets. Some communities have used drugs or alcohol since ancient times. Furthermore, it may be difficult to avoid taking alcohol or a drug on certain occasions because this would be considered unfriendly. You must know the types of drug that are traditionally accepted by the community, remembering that these drugs may still produce health problems.

It is also important to know about the drugs or patterns of use that are not accepted by the community, and it may be necessary to make inquiries on the subject. Some drugs may be taken secretly rather than openly. For example, the abuse of volatile inhalants by children usually occurs away from parents. Drug use not sanctioned by the community can lead to family or community crises while perhaps not yet producing a health problem.

While alcohol or a particular drug may be accepted, its use at certain times or in excessive amounts may not be accepted. A person using the drug or alcohol outside the accepted times, or in excessive amounts, could be heading for problems. The use of drugs and alcohol becomes misuse when it is hazardous (e.g., any use of alcohol or amphetamines by a driver of a vehicle may put him or her at risk of an accident), or dysfunctional (e.g., interfering with responsibilities as parent or worker), or harmful (e.g., producing damage to health). Whether the use of a drug is safe, or whether the misuse of it is hazardous, dysfunctional, or harmful depends upon the drug, the pattern of use, the person, and the situation or setting.

Who may be at risk of misusing drugs or alcohol?

Anyone may develop a drug or alcohol problem. Drug or alcohol misuse can occur in any family, with any educational background, rich and poor, at any age, and in every occupation. Nevertheless, some

people are at greater risk than others. Young and middle-aged men are a high-risk group, as are children of persons who have misused drugs or alcohol. In some cultures, specific occupational groups are more affected than others. You should try to find out if there are identifiable groups in your community who are at special risk. Look for occupations and groups of people who have easy access to drugs and alcohol. If there are groups for whom drugs are relatively cheap and there is social pressure to use them, then the risk will be that much greater. You should also explore whether there are people who are so bored or distressed that they experiment with drugs as a way of coping (e.g., the unemployed). Discuss these possibilities with village and clan leaders, work supervisors, health workers, and others who might be able to provide relevant information.

Assessment of the Individual and the Family

Who is to blame for alcohol or drug dependence?

The misuse of drugs or alcohol is often considered to be a sign of weakness for which the patient should be blamed. In fact, many people become drug- or alcohol-dependent without realizing what is happening to them. By the time they have become dependent it is difficult for them to stop taking the drug without help and it serves no purpose to blame them. A more useful conceptual framework is one involving a wide range of biological, personal, and social factors. A family's response may be an important influence, and the community at large is also partly responsible since social pressures and price and availability of drugs will influence the overall level of drug and alcohol misuse. Pressures resulting from type of employment and social alienation are other influential factors for which the drug misuser cannot take all the blame. Such a broad view is consistent with our knowledge of drug misuse and has two important consequences. First, it encourages a more sympathetic appreciation of drug and alcohol problems. Secondly, it suggests a wide range of possible interventions.

How can one detect an alcohol or drug problem?

It is useful for the community health worker to ask people routinely about drug and alcohol use, even when an alcohol or drug problem is not suspected. This can accomplish two important objectives. Firstly, it educates the patient about the importance of drug or alcohol use in relation to health. Secondly, it permits the early detection of drug or alcohol misuse before severe dependence occurs. Questioning should be non-judgemental, using terms such as "use" rather than "abuse", and should be incorporated into a discussion of the habits and life-styles that influence health. This section of the interview could begin with questions about eating and sleeping habits, followed by a broad question about locally used drugs, for example:

— *Tell me about your use of alcohol, tobacco, and other drugs in the last week.*

Patients who are not having trouble with drug or alcohol use will usually respond by giving the type, amount, and frequency of use during the period specified, for example:

— *I don't smoke, but I usually have six or eight beers over the weekend.*

Those who may be using more drugs than they feel they should, or who have had some problems with their drug use, may respond vaguely:

— *Oh, I don't use very much.*

Or they may respond ambiguously:

— *Not more than my friends.*

In the last two cases, you should ask for more detailed information, and usually a more accurate response will be elicited, such as:

— *I smoke heavily, two or three packs of cigarettes a day. At weekends I drink several glasses of wine and smoke some hashish with my friends.*

Sometimes the existence of drug and alcohol misuse may come to light through someone other than the patient. If a spouse or child comes for treatment, then inquiry about drug misuse in the family may be appropriate. The family might also be able to help in bringing the patient along for assessment.

Remember four important principles when broaching the sensitive issue of drug and alcohol misuse:

1. Make sure that your patient understands that the information provided is confidential and that you are simply trying to help.
2. Keep looking for signs of drug use such as those listed on page 7.
3. Your manner of interviewing should make it clear that you will not be surprised to hear about the extent of the patient's drug or alcohol use. For example, you might say:

— *Many people in your situation use drugs in order to cope.*

or

— *It is quite common nowadays to drink ten or twenty pints of beer a day. Do you think you are drinking more than that?*

4. At a very early stage you should encourage your patient to draw links between drug or alcohol use and health, social, or family problems.

It is important to respect the patient or client as an individual, even if you are personally or morally opposed to the use of drugs or alcohol. This can be accomplished by treating a drug- or alcohol-related problem as you would any other health problem. People readily detect even slight indications of rejection. You must first establish a rapport with the patient or client, who must not be forced or threatened. Instead, collaboration and involvement in recovery should be invited. If this is refused, then it may help to ask the patient to think about the problem and return at a later date.

It is important to offer help and support repeatedly. Societies throughout history have condemned the misuse of drugs, while usually permitting the moderate, social use of one or more substances. Such attitudes are bound to affect us as members of our own culture and, while they have their place in regulating our own personal drug use, they can lead to negative attitudes towards patients with drug or alcohol problems. Your function as a health worker demands that you should treat and help drug and alcohol misusers rather than judge or reject them.

How can one assess the nature and severity of a person's involvement with drugs or alcohol?

First, you must know the extent of the patient's (or client's) drug use. The following data are needed:

- type of drugs used (including alcohol);
- amount and frequency of drug use (i.e., the dosage);
- duration of drug use;
- pattern of drug use (e.g., regular or irregular use, compulsive or episodic use, weekend use, daily use);
- fluctuations in drug use over time.

When discussing patterns of use and fluctuations, you will want to know what psychological and social factors lead to changes in drug use (e.g., social pressures, family arguments, job situation). This will lead to

a discussion of problems associated with the person's drug use either as a cause or a consequence, or both, such as:

- health problems (e.g., infections, emotional problems);
- family problems (e.g., alienation from relatives, separation from spouse);
- financial problems (e.g., debt, job loss, expenditure on drugs);
- other social and behavioural problems (e.g., fights, trouble with police, cessation of religious observance).

It is important to know how long these problems have been present and how they fluctuate over time.

Next, you will want to know the current situation of the patient (or client). Has there been an argument, a crisis, loss of job or family support? You must also know the patient's resources for coping with the problem. Does he or she have a spouse, a home, a job, good health, occupational skills, intelligence, the ability to solve problems, the wish to recover from drug or alcohol dependence? Who are the patient's friends? Do they misuse drugs or alcohol? If so, the patient needs to develop new friendships. Are there family members who also misuse drugs? If so, this can impede recovery.

You will want to know what efforts at self-help or treatment have already been made and exactly what has helped the patient previously. What does the patient think about trying them again? People who misuse drugs are most strongly motivated to change their behaviour when they realize that their use of drugs or alcohol is related to their current health or social problem. As a community health worker, you are in a position to:

- recognize drug or alcohol misuse at an early stage;
- relate it to the patient's current problem;
- motivate the patient to change.

The family can be a powerful influence on both recovery and relapse and should be consulted whenever possible. At times a family member will be the first person to seek your help, perhaps because of a financial crisis, physical abuse, emotional neglect, or alarm at personality changes. As a result, he or she might be experiencing emotional distress or psychosomatic problems such as headaches, palpitations, chest pains, or bowel disturbances.

If you have frequent contact with families, you will often be able to identify drug or alcohol problems at an early stage. Problems in the home often occur long before they lead to medical problems. This is especially true with opiates and sedative drugs (including alcohol).

Helping the Individual and the Family

Can community health workers manage drug and alcohol problems on their own?

The community health worker is a key person in the detection, assessment, and management of drug or alcohol misuse. However, the problems needing attention can sometimes be too complex and varied for one person to solve. This is as true for drug- and alcohol-related problems as it is for any other health problem. Some problems can, of course, be managed entirely by the community health worker. In other cases, it will be necessary to call on additional resources.

A first step is to learn about existing resources. Where are they located? What services do they provide? Which kinds of patients or clients are they designed to serve?

When a referral to another resource is necessary, the approach you employ may be a key factor in motivating the patient to proceed. Make sure that you provide clear information about the resource and exactly what might be expected to occur. Provide reassurance about your own continued interest and involvement in the recovery process. Any patient and, in particular, one with a drug or alcohol problem is apt to feel rejected by the community health worker when a referral is made. If the patient feels rejected, then the referral is unlikely to be followed up. Expression of concern and continued support enhances compliance with the referral. In this regard, a principle of treatment for drug and alcohol problems is: "The whole is greater than the parts"—that is, any one health or social worker can accomplish a certain amount, but the network of health and social workers can accomplish much more together than they can accomplish individually.

What should be the goals of treatment?

Patients may begin to recover after the first visit and then improve progressively. However, relapses are also common. These may be numerous and continue for months or years.

It is important not to be discouraged by relapses; they are a natural part of the drug and alcohol problem. Many people do not recover on their first attempt, but do recover on their second, fifth, or even twentieth attempt. Even in the case of repeated relapses, continued help usually leads to an overall reduction in drug or alcohol use, which benefits the individual, the family, and society as a whole.

How can the community health worker help drug-dependent persons?

Simply making a thorough assessment of the situation can be enormously helpful. Usually patients or clients have not considered the extent of their drug use, or the severity of their current problems, in a thorough or objective way. Lack of awareness, or even denial, of their problems is typical. Your assessment can lead to a radical reappraisal which, in turn, may motivate the patient or client towards recovery. In some cases, informing the patient and family about the nature of a problem may motivate them to address the problem on their own. Always look for the links between a current problem and the level of drug or alcohol use. Often such links are not obvious to the patient, either as a result of denial or simply because of lack of knowledge about the harmful effects of drug and alcohol use. Sensitive exploration of these links can have a powerful motivating effect.

It helps people to know that they can recover from drug or alcohol dependence. Often they believe that recovery is impossible because they have not been able to control their own use of a substance, or because they know of others who could not control theirs. They should be informed that relapses may occur during treatment, but this should not discourage them from trying again.

Simple counselling may be effective. The patient who is recovering may need to develop social or recreational activities that do not involve the use of drugs or alcohol. Or perhaps he or she needs to find ways of resolving interpersonal conflicts or emotional problems that repeatedly lead to drug or alcohol use.

Treatment of associated medical conditions, or help with associated social problems, can help a person to recover from drug or alcohol dependence. Supportive visits should continue at regular intervals during the first year of recovery, with less frequent visits over another year or two. Emotional and psychosomatic symptoms are common during this period, and care should be taken not to give dependence-producing drugs for their alleviation.

There are cases that nobody can help, much as there are with other chronic conditions. Acceptance of our own limitations is necessary. In the event of repeated treatment failure, consultation with more experienced persons should be sought.

Even when a case appears to be hopeless, the community health worker should remember that:

- continuing care may be appropriate even when a reduction in drug use seems unlikely;
- change often occurs after many years of drug or alcohol misuse;
- the family might benefit from continued support, even if the drug misuser does not.

What approaches would be helpful in working with patients and families?

Help during crises

Skill in helping the patient or family to deal with crises can be very effective in managing cases. Other terms for this process are "clinical problem-solving" or "crisis intervention". The procedure is outlined below.

(*a*) *Clarification of the problem*

- Allow the patient (or client) to tell the entire story in his or her own words.
- Help the patient to express fully his or her feelings about the problem: the patient's awareness of these feelings will be a key factor in resolving the crisis.
- Ask specific questions regarding aspects of the problem that you do not understand, that are not clear, or that the patient may not have considered.
- Rephrase the problem as you understand it and see if the patient concurs with your assessment; if not, repeat the entire process above until you can rephrase the problem in a form that the patient accepts.
- If problems are complex and overwhelming, identify one problem that can be considered initially.

(*b*) *Search for solutions*

- Ask the patient (or client) to name all the possible alternative ways of resolving the problem.

- Mention any other alternatives that may have occurred to you, but not to the patient.
- Help the patient to establish which parts of the problem are most important and which are least important.
- Assist the patient in deciding which parts of the problem should be addressed immediately and which can be left until later.
- Help the patient to decide what further information must be obtained in order to resolve the problem.

(*c*) *Decision-making*

- Help the patient to decide which features of the problem can be changed and which features must be accepted (at least temporarily, if not permanently).
- Counsel the patient to make as few far-reaching decisions (such as seeking a divorce or quitting a job) as possible in a period of crisis.
- Help the patient make such decisions as are immediately necessary.
- Avoid making any decisions on the patient's behalf unless there is a life-threatening situation (e.g., the patient is delirious or suicidal).
- Invite the patient back to see you at a specific time in the near future in order to assess his or her progress.

Skill in helping people to cope with a crisis can be helpful for drug or alcohol misusers themselves, as well as for members of their families.

Mediation

Another useful skill is that of mediating between the patient and others, such as the family, employers, teachers, or police. The community health worker may serve as a negotiator between the drug or alcohol misuser and persons who have been victimized or severely disturbed by his or her behaviour. The procedure is as follows.

- Get both sides to express their concerns in their own words, facilitate full expression of the problem, and clarify its nature by asking questions.
- Ask the drug or alcohol misuser to describe what he or she wants to happen: this might be approval to return home or to resume work.
- Ask the affected person (e.g., family member, work supervisor) to describe what he or she wants to happen as regards the patient: this might be the patient's return home or resumption of work.
- Inquire whether an agreement can be negotiated between both parties. For example, would the misuser cease drug or alcohol use in return for being rehired, and would the work supervisor rehire the person if drug or alcohol use were discontinued?

- If the matter can be negotiated up to this stage, it is then important to state a contingency plan in the event of relapse (since we know relapses are common, especially in the early stages of recovery). For example, the patient may be suspended from work or asked to leave work for one week with the first relapse, two weeks with the second relapse, and so forth.

The basic rules in negotiating a contract are:
- to draw up very clear and specific rules;
- to ensure that a change for the better is rewarding to all parties;
- to agree that one or two lapses do not make the agreement null and void.

Developing new resources

The community health worker might be able to mobilize new resources. For example, former patients who are now abstinent may be asked to support newly treated patients. Local religious leaders or indigenous healers may be able to help with certain problems. In some communities, schools or religious communities might develop special programmes for patients who are recovering.

Perhaps the most important resources are the patient and the community health worker. Patients have skills, resources, and experience which should be assessed and mobilized during recovery. Through regular contact, support, and clinical skills, the primary health care worker can greatly contribute to the patient's recovery.

Enlisting family support

Family support systems should be mobilized as quickly as possible. If appropriate, more formal agencies, such as social or welfare services, might have to be called in. Explain to the patient and the family the seriousness of the situation, as well as the need for action. Set treatment priorities in consultation with the family and the patient.

If the patient refuses to cooperate or the extended family network fails to provide support, then attempts should be made to utilize other social networks. These might include the village council or the local headman, or key individuals in the community such as the clergy, teachers, or mixed groups of people.

Education of the family regarding drug or alcohol dependence can be very effective. The more that they know about it, the better able they will be to understand the problem member of the family and to decide how to cope with the situation. It helps for them to know that the condition is treatable and that relapses do occur, especially early during recovery. Families should also appreciate that the first year may be very difficult.

Mobilizing the Community to Combat Drug Dependence

What are the goals in working with the community?

The first goal is to increase awareness about drug and alcohol misuse. Key people should be told about the range and severity of the damage that can affect the individual, the family, and the community. Once people understand the problem, they will be more inclined to help prevent cases from developing, to detect cases early when they do occur, and to help people during their recovery.

The second goal is to facilitate the actions of the community in combating drug and alcohol misuse and its detrimental effects. These may include reducing the availability of drugs, changing attitudes towards alcohol or drug use, establishing self-help groups, and helping individuals and families to learn about sources of help. Drug availability may be reduced by controlling production, sale, and use.

What can the community health worker do to achieve these goals?

Education about drugs

You can educate people about the potential harmfulness of drugs. This can be done by giving health talks to a village, school, or association, holding discussions with mothers or families, and visiting drug-dependent persons and their families. The following information could be covered.

- Any drug can be harmful. Even aspirin tablets can be harmful to a person with a stomach ulcer. Drugs should not be taken without knowledge of their action. Mixing drugs can be dangerous. The advice of a health worker should be sought before taking any drug, even one that is legally available.
- Certain drugs do not provide a cure but give only temporary relief from particular symptoms. Some people take analgesics or opium when they suffer from bowel disorders, coughs, aches and pains, or

malaria, or after hard work in the field. Repeated use of drugs in this way can lead to dependence.

- Drugs and alcohol can be misused even by people who are not dependent on them: the use of alcohol by workers operating complex machinery is an example.
- If drugs are taken repeatedly without medical supervision, drug dependence may be the end result. Drugs can dominate a person's life.
- The use of certain drugs is illegal. People should know their national laws regarding drug use.

Education about treatment

You can educate the community about the fact that drug and alcohol dependence can be treated. The following procedure is suggested.

- Inform the community that you are available to help with drug and alcohol problems.
- Assure people that detoxification from drugs is safe when conducted under medical supervision.
- Inform them that drug dependence need not be a life-long problem. It can be treated, and many drug-dependent persons can improve or recover.
- Drug dependence might recur after treatment. None the less, treatment should be tried repeatedly until recovery occurs.
- Families can put pressure on persons suffering from drug or alcohol problems and support them in the recovery process. The family is often the most powerful influence on such persons.

Changing public opinion and action

Local government agents and persons commanding respect in the community (elders, the headman, the mayor, teachers, religious leaders) can mobilize public opinion and mass action against drug misuse and drug peddling. They can also help to educate the public. Police officials may be able to reduce the amount of illegal drugs available. Voluntary groups can also be mobilized to help.

Facilitating self-help and voluntary associations

People who are recovering or who have recovered from dependence on drugs or alcohol can be valuable in community action against their misuse. They can play an effective part in urging misusers to accept help. During the recovery process they can support and help one another. Regular group meetings of recovering persons have proved helpful in many settings. Voluntary groups can also provide help and support for individuals and families.

Conclusion

Alcohol- and drug-related problems are often difficult to solve. Nevertheless, community health workers are in a very good position to help deal with these problems, but only if they have the confidence to get involved. Confidence comes with knowledge and practice. You should remember that many people with drug or alcohol problems will benefit from the level of support, counselling, and continued interest that a community health worker can provide. You do not need to learn any complex psychotherapeutic skills in order to provide the kind of supportive counselling that is outlined in this manual.

Although counselling is important, there are many other ways of reducing and preventing drug- and alcohol-related problems in a community. Small changes in the attitudes and behaviour of families, groups, and communities could lead to a reduction in the overall level of drug use. Forming a self-help group could have a number of beneficial effects. Members of the group could support each other, offer support to families, and exert some pressure on the community. In a wider context, alterations in the price and availability of alcohol and drugs and in social pressure to use them would be important objectives.

This manual is intended to cover the whole range of alcohol and drug problems. Some people are severely dependent on these substances; others misuse alcohol and drugs without showing signs of severe dependence. Some will admit to a problem, others will not. One approach that is relevant for all levels of dependence and disability is to emphasize the adverse effects of alcohol and drugs on physical, psychological, and social well-being. The main aim is not to identify those who will become dependent on drugs or alcohol, but to help people to live healthier lives by altering their drug-related habits and life-styles. If community health workers throughout the world could make this an objective, then individuals, families, and communities would benefit.

Part II

Guidelines for trainers of community health workers

Introduction

Part 1 of this book is aimed at community health workers who are literate and have an elementary school education as well as some months of training in primary health care. It can, however, also be used to train health workers with other backgrounds, including nurses, midwives, health educators and visitors, pharmacists, medical social workers, counsellors, and physicians. It can be distributed as a self-contained work of reference or elaborated to meet the training needs of particular groups; however, it will be most effective if used as the basis of a training course. Trainers should modify the manual to cover substances in local use and the kinds of local problem that accompany excessive indulgence in drugs or alcohol.

Whether they are providing in-service training or more formal education, trainers should be familiar with a variety of teaching methods and be able to function effectively in the lecture hall, small group discussions, and the supervised clinical learning process. Role modelling is particularly important in this kind of training.

Both alcohol and drugs are included since they are both psychoactive substances that can cause severe personal and social problems. Furthermore, drugs and alcohol are often used together. In many areas where drug misuse has been traditional, alcohol misuse is now appearing. At the same time drug use has increasingly accompanied alcohol use in areas where drinking has been customary. In some cultures alcohol is a prohibited drug. In other cultures alcohol consumption is socially accepted while other forms of drug use are not. In developing a training curriculum or adapting the manual, information specific to the local situation should be added and irrelevant information omitted.

In any translation of the manual, special care should be taken to distinguish between "use", "misuse", and "dependence". In the English text, the word "use" refers to any ingestion of a substance, the word "misuse" to ingestion associated with any health or social problem, and the word "dependence" to the situation where, as a result of repeated ingestion, the patient finds it very difficult or impossible to abstain and shows withdrawal symptoms if he/she attempts to do so.

Developing a Curriculum

Objectives

The objectives of a training course must be linked to the specific roles of the community health workers in a particular community. The following are examples of some possible objectives.

(*a*) *Assessment of the problem*

The course should enable the health worker:

- to identify the drugs being used in the community, the way they are used, and the attitudes in the community towards their use and misuse;
- to identify persons with problems related to the use of drugs or alcohol;
- to identify persons at risk of developing such problems;
- to identify factors influencing drug use and misuse (e.g., social pressures, price, and availability).

(*b*) *Management of patients*

The course should:

- develop the skills required for effective communication with those who are misusing alcohol or drugs, in order to increase their motivation to change;
- develop the skills required for the health worker to be able to communicate effectively with, and offer support to, the families of such persons;
- provide information about referral of misusers of certain drugs for detoxification, if the appropriate service exists;
- enable the health worker to provide continuing care in order to prevent relapse or deal with recurring problems.

(*c*) *Management at community level*

The course should also cover ways of:

- identifying resources in the community that can be used or mobilized to reduce drug- and alcohol-related problems;

- increasing awareness of drug- and alcohol-related problems in the community (i.e., health education);
- identifying specific occasions and situations that lead to the early or habitual use of alcohol and other drugs;
- generating community action to reduce the influence of such occasions and situations;
- generating other community activities designed to reduce or prevent drug- and alcohol-related problems.

Some of these objectives and activities will be familiar to the health care worker, while others will be unknown; this must, of course, be taken into account when developing a curriculum.

Additional subjects

If, in addition to this manual, other materials need to be developed, then the following subjects should be considered for inclusion:

- the nature and extent of local drug use;
- alcohol- and drug-related problems in the community;
- the harmful effects of the drugs used locally;
- methods of assessing individual and family problems and strengths;
- ways of assessing level of use (i.e., type of drug, dosage, duration, pattern of use);
- ways of assessing social and behavioural aspects, including legal problems, financial problems (e.g., debt, job loss), family problems (e.g., alienation, separation), and health problems (e.g., infections, depression), as well as recent losses, crises, the current situation (the ecology of the problem), the remaining individual or family resources (e.g., spouse, job, house, health, education, intelligence, skills), and the patient's and family's motivation and attitudes toward recovery;
- ways of assessing available social resources and support networks, as well as community attitudes, values, and norms regarding drug use;
- management of patients and families with drug- or alcohol-related problems: creating motivation for treatment and recovery; helping patients and/or their families with problem-solving (e.g., assessing the problem, identifying alternatives, setting priorities, choosing goals, deciding on action or inaction); promoting detoxification; setting goals such as reduced or controlled use or abstinence, restored health, or renewed family trust; family negotiation (what patient agrees to do, what family agrees to do); intervention in social

network (e.g., encouraging separation from drug-using friends, negotiating rehiring by previous employer if patient becomes abstinent, organizing vocational rehabilitation and providing recreational alternatives); assessment and treatment of associated medical problems (as far as the skills of the community health worker permit); counselling patient and family; referring patients and/or families to self-help groups; continuing care and support.

- management of the problem within the community: motivating and mobilizing the community through working with elders, headman, village councils, local associations, the clergy, and teachers; assessing the resources available within the community to deal with its drug problem; problem-solving by the community.
- miscellaneous issues: supervision of community health workers; continued training for community health workers; access to financial and/or material support for community health workers; establishment of referral networks to medical, social, and/or law enforcement resources.

Fostering Appropriate Attitudes

Assessing attitudes

The attitude of the trainees towards drug and alcohol misusers must be considered in developing the curriculum. The following exercises may be useful in exploring trainees' misconceptions and in encouraging appropriate attitudes.

- Ask trainees to name the first three words that come into their thoughts upon hearing the following:
  - — drug
  - — intoxicated
  - — overdose
  - — addict
  - — alcoholic.
- Ask the trainees to rate a diabetic patient, a surgery patient, and a drug- or alcohol-dependent patient as follows:

	Strongly disagree	*Disagree*	*Neutral*	*Agree*	*Strongly agree*
Strong	[ ]	[ ]	[ ]	[ ]	[ ]
Compliant	[ ]	[ ]	[ ]	[ ]	[ ]
Friendly	[ ]	[ ]	[ ]	[ ]	[ ]
Honest	[ ]	[ ]	[ ]	[ ]	[ ]
Appreciative	[ ]	[ ]	[ ]	[ ]	[ ]

- Ask the trainees to describe three drugs and patterns of use that are acceptable in their communities, and three drugs or drug-use patterns that exist but are socially unacceptable.
- Present examples of local advertisements for socially acceptable drugs. Note how they appeal to prestige, sexuality, or self-image.

The aim of this exercise is to identify misconceptions and to promote empathic understanding. By emphasizing the similarities between drug misuse and other common activities, such as the use of tobacco or even overeating, trainees will be able to link drug misuse to their own personal experience.

Influencing or changing attitudes

Once trainees are aware of their own attitudes and their community's attitudes towards drug and alcohol misuse, they are in a position to consider which attitudes are therapeutic and which attitudes are not.

It is sometimes difficult to change attitudes because the change may imply that one's earlier beliefs were "wrong". Also modifying one attitude frequently leads to changes in other attitudes, and people are wary, or even frightened, of taking the first step. A lecture is not the most effective means of changing attitudes. Trainees will resist having lecturers' views forced upon them. It is much more appropriate for the trainer to encourage group discussion by posing certain questions to the group of trainees and asking for their opinions. In this way the members of the group can influence one another.

Although peer influence can be a powerful force, perhaps the best way to foster positive therapeutic attitudes is to teach effective counselling skills and help the trainee to use them successfully.

Special Skills and How They Can Be Learned

Talking to people about their use of drugs and alcohol and the associated problems is a difficult task. Even as children, people learn not to discuss sensitive issues, and in most societies the excessive use of alcohol or drugs tends to be a sensitive subject. The process of training people to go against well-learned customs is not unique to the area of drug and alcohol dependence. Physical examination, surgical procedures, drug injections, and the imposition of pain or discomfort on a patient also go against childhood training. The key factors in training health workers for such tasks are well known. They consist of informing them about the procedure to be followed, showing them how to carry it out (role modelling), and, finally, observing them carry it out under supervision.

The first important skill that trainees must learn is how to carry out an assessment interview. This involves a systematic attempt to develop a relationship and identify the level and pattern of alcohol and drug use, as well as the associated social and personal pressures. It is possible to break down barriers by showing an interest in the person (rather than being preoccupied with writing a history) and beginning with open-ended questions rather than "yes"/"no" questions. Basic interviewing skills should be taught through observation of a skilled interviewer or "role model" who is comfortable when interviewing people about drug or alcohol problems. A video-taped demonstration is a very effective way of facilitating this type of learning. Following the demonstration, the trainee should be able to ask wide-ranging questions, since this is usually an excellent moment for students to acquire more information about drug and alcohol problems. They will also have an opportunity to reassess their own attitudes. There are often other benefits attached to this kind of training, since trainees subsequently learn how to handle other difficult interviews more readily.

The second skill trainees need to acquire is the ability to adopt a systematic approach towards solving personal problems. As in the teaching of interviewing skills, role modelling and supervised experience are the most effective approaches. Personal problem-solving

skills can be readily learned by many people including not only the community health worker but also village headmen, clergy, midwives, and others. Skill in resolving problems can be used in numerous situations unrelated to drug or alcohol dependence. The term "crisis intervention" is often used when this skill is applied to a major crisis such as a marital conflict, terminal illness, or the loss of a loved one.

Skills may also be attained in working at community level, e.g., in assessing the community's existing rehabilitation resources (e.g., schools for vocational training), voluntary and self-help groups, health and social welfare resources, and specialized treatment programmes for drug and alcohol dependence. Skill in motivating and guiding community action may also be important.

It is evident that promoting skills in trainees is a complex task. The extent to which new skills can be developed depends upon the trainees' basic skills, the time available for training, the training materials and resources, and the number and expertise of the training staff.

Role of the Community Health Worker in Reducing Drug and Alcohol Misuse

The community health worker can play a crucial role in the early identification of cases of drug or alcohol misuse in the community. He or she will also be able to participate in the rehabilitation of individuals during the aftercare phase. For example, it might be possible to help individuals with their reintegration into society and with building contacts with people who do not use drugs or alcohol. Help in finding a vocation suited to the individual's skills could also be a powerful means of modifying the personal and social pressures that led to drug or alcohol misuse.

Being part of the community, the primary health workers should be aware of the drugs that are commonly misused. They should be alert to new substances entering the area or new forms of drug or alcohol use. They should be able to inform and involve community leaders regarding drug and alcohol problems and foster community awareness of these problems. They are in a position to encourage the formation of community action groups or, if such groups already exist, to obtain their cooperation. Furthermore, they should be able to help in forming associations of people who are recovering from drug- or alcohol-related problems so that community action emanates from them. Changing social networks and encouraging community involvement are proven methods of helping people suffering from drug- or alcohol-related problems.

Depending on the country, basic health workers will be subject to a certain degree of supervision. In some settings, the role of the community health worker has been clearly demarcated, whereas in other settings the role demarcations, responsibilities, and levels of supervision may have to be clarified and the tasks more clearly defined.

The skills of community health workers will also vary from one region to another and their responsibilities will have to be related to their level of skill. The existing health networks should provide support in the form of a basic back-up system. Links may be developed with workers in other sectors such as agricultural development, maternal and child

health, family planning, education, and marriage guidance, so that a whole network of groups can be involved in reducing and preventing alcohol- and drug-related problems at both the personal and the community level.

WHO publications may be obtained, direct or through booksellers, from:

ALGERIA: Entreprise nationale du Livre (ENAL), 3 bd Zirout Youcef, ALGIERS

ARGENTINA: Carlos Hirsch, SRL, Florida 165, Galerías Güemes, Escritorio 453/465, BUENOS AIRES

AUSTRALIA: Hunter Publications, 58A Gipps Street, COLLINGWOOD, VIC 3066 — Australian Government Publishing Service *(Mail order sales)*, P.O. Box 84, CANBERRA A.C.T. 2601; *or over the counter from*: Australian Government Publishing Service Bookshops at: 70 Alinga Street, CANBERRA CITY A.C.T. 2600; 294 Adelaide Street, BRISBANE, Queensland 4000; 347 Swanston Street, MELBOURNE, VIC 3000; 309 Pitt Street, SYDNEY, N.S.W. 2000; 8th Newman House, 200 St. George's Terrace, PERTH, W.A. 6000; Industry House, 12 Pirie Street, ADELAIDE, SA 5000; 156–162 Macquarie Street, HOBART, TAS 7000 — R. Hill & Son Ltd., 608 St. Kilda Road, MELBOURNE, VIC 3004; Lawson House, 10–12 Clark Street, CROW'S NEST, NSW 2065

AUSTRIA: Gerold & Co., Graben 31, 1011 VIENNA I

BANGLADESH: The WHO Programme Coordinator, G.P.O. Box 250, DHAKA 5

BELGIUM: *For books*: Office International de Librairie s.a., avenue Marnix 30, 1050 BRUSSELS. *For periodicals and subscriptions*: Office International des Périodiques, avenue Louise 485, 1050 BRUSSELS. — *Subscriptions to World Health only*: Jean de Lannoy, 202 avenue du Roi, 1060 BRUSSELS

BHUTAN: *see* India, WHO Regional Office

BOTSWANA: Botsalo Books (Pty) Ltd., P.O. Box 1532, GABORONE

BRAZIL: Biblioteca Regional de Medicina OMS/OPS, Sector de Publicações, Caixa Postal 20.381, Vila Clementino, 04023 SÃO PAULO, S.P.

BURMA: *see* India, WHO Regional Office

CANADA: Canadian Public Health Association, 1335 Carling Avenue, Suite 210, OTTAWA, Ont. K1Z 8N8. (Tel.: (613) 725–3769. Telex: 21-0253-1840)

CHINA: China National Publications Import & Export Corporation, P.O. Box 88, BEIJING (PEKING)

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA: *see* India, WHO Regional Office

DENMARK: Munksgaard Export and Subscription Service, Nørre Søgade 35, 1370 COPENHAGEN K. (Tel.: + 45 1 12 85 70)

FIJI: The WHO Programme Coordinator, P.O. Box 113, SUVA

FINLAND: Akateeminen Kirjakauppa, Keskuskatu 2, 00101 HELSINKI 10

FRANCE: Librairie Arnette, 2 rue Casimir-Delavigne, 75006 PARIS

GERMAN DEMOCRATIC REPUBLIC: Buchhaus Leipzig, Postfach 140, 701 LEIPZIG

GERMANY FEDERAL REPUBLIC OF: Govi-Verlag GmbH, Gienbeimerstrasse 20, Postfach 5360, 6236 ESCHBORN — Buchhandlung Alexander Horn, Friedrichstrasse 39, Postfach 3340, 6200 WIESBADEN

GHANA: Fides Enterprises, P.O. Box 1628, ACCRA

GREECE: G.C. Eleftheroudakis S.A., Librairie internationale, rue Nikis 4, ATHENS (T. 126)

HONG KONG: Hong Kong Government Information Services, Beaconsfield House, 6th Floor, Queen's Road, Central, VICTORIA

HUNGARY: Kultura, P.O.B. 149, BUDAPEST 62

INDIA: WHO Regional Office for South-East Asia, World Health House, Indraprastha Estate, Mahatma Gandhi Road, NEW DELHI 110002

INDONESIA: P.T. Kalman Media Pusaka, Pusat Perdagangan Senen, Block I, 4th Floor, P.O. Box 3433/Jkt, JAKARTA

IRAN (ISLAMIC REPUBLIC OF): Iran University Press, 85 Park Avenue, P.O. Box 54/551, TEHERAN

IRELAND: TDC Publishers, 12 North Frederick Street, DUBLIN 1 (Tel.: 744835–749677)

ISRAEL: Heiliger & Co., 3 Nathan Strauss Street, JERUSALEM 94227

ITALY: Edizioni Minerva Medica, Corso Bramante 83–85, 10126 TURIN; Via Lamarmora 3, 20100 MILAN; Via Spallanzani 9, 00161 ROME

JAPAN: Maruzen Co. Ltd., P.O. Box 5050, TOKYO International, 100–31

JORDAN: Jordan Book Centre Co. Ltd., University Street, P.O. Box 301 (Al-Jubeiha), AMMAN

KUWAIT: The Kuwait Bookshops Co. Ltd., Thunayan Al-Ghanem Bldg, P.O. Box 2942, KUWAIT

LAO PEOPLE'S DEMOCRATIC REPUBLIC: The WHO Programme Coordinator, P.O. Box 343, VIENTIANE

LUXEMBOURG: Librairie du Centre, 49 bd Royal, LUXEMBOURG

MALAWI: Malawi Book Service, P.O. Box 30044, Chichiri, BLANTYRE 3

A/1.86

WHO publications may be obtained, direct or through booksellers, from:

MALAYSIA: The WHO Programme Coordinator, Room 1004, 10th Floor, Wisma Lim Foo Yong (formerly Fitzpatrick's Building), Jalan Raja Chulan, KUALA LUMPUR 05-02; P.O. Box 2550, KUALA LUMPUR 01-02; Parry's Book Center, 126-1 Jalan Tun Sambanthan, P.O. Box 10960, 50730 KUALA LUMPUR

MALDIVES: *See* India, WHO Regional Office

MEXICO: Librería Internacional, S.A. de C.V., Av. Sonora 206, 06100-MEXICO, D.F.

MONGOLIA: *see* India, WHO Regional Office

MOROCCO: Editions La Porte, 281 avenue Mohammed V, RABAT

NEPAL: *see* India, WHO Regional Office

NETHERLANDS: Medical Books Europe BV, Noorderwal 38, 7241 BL LOCHEM

NEW ZEALAND: New Zealand Government Printing Office, Publishing Administration, Private Bag, WELLINGTON, Waller Street, WELLINGTON, World Trade Building, Cubacade, Cuba Street, WELLINGTON, *Government Bookshops at*: Hannaford Burton Building, Rutland Street, Private Bag, AUCKLAND; 159 Hereford Street, Private Bag, CHRISTCHURCH; Alexandra Street, P.O. Box 857, HAMILTON; T & G Building, Princes Street, P.O. Box 1104, DUNEDIN; — R. Hill & Son Ltd, Head House, Cnr Gillies Avenue & Eden Street, Newmarket, AUCKLAND 1

NORWAY: Tanum — Karl Johan A.S., P.O. Box 1177, Sentrum, N-0107 OSLO 1

PAKISTAN: Mirza Book Agency, 65 Shahrah-E-Quaid-E-Azam, P.O. Box 729, LAHORE 3

PAPUA NEW GUINEA: The WHO Programme Coordinator, P.O. Box 646, KONEDOBU

PHILIPPINES: World Health Organization, Regional Office for the Western Pacific, P.O. Box 2932, MANILA

PORTUGAL: Livraria Rodrigues, 186 Rua do Ouro, LISBON 2

REPUBLIC OF KOREA: The WHO Programme Coordinator, Central P.O. Box 540, SEOUL

SINGAPORE: The WHO Programme Coordinator, 144 Moulmein Road, SINGAPORE 1130; Newton P.O. Box 31, SINGAPORE 9122

SOUTH AFRICA: *Contact major book stores*

SPAIN: Ministerio de Sanidad y Consumo, Centro de publicaciones, Documentación y Biblioteca, Paseo del Prado 18, 28014 MADRID — Comercial Atheneum S.A., Consejo de Ciento 130-136, 08015 BARCELONA; General Moscardó 29, MADRID 20 — Librería Díaz de Santos, P.O. Box 6050, 28006 MADRID; Balmes 417 y 419, 08022 BARCELONA

SRI LANKA: *see* India, WHO Regional Office

SWEDEN: *For books*: Aktiebolaget C.E. Fritzes Kungl. Hovbokhandel, Regeringsgatan 12, 103 27 STOCKHOLM. *For periodicals*: Wennergren-Williams AB, Box 30004, 104 25 STOCKHOLM

SWITZERLAND: Medizinischer Verlag Hans Huber, Länggassstrasse 76, 3012 BERN 9

THAILAND: *see* India, WHO Regional Office

UNITED KINGDOM: H.M. Stationery Office: 49 High Holborn, LONDON WC1V 6HB; 13a Castle Street, EDINBURGH EH2 3AR; 80 Chichester Street, BELFAST BT1 4JY; Brazennose Street, MANCHESTER M60 8AS; 258 Broad Street, BIRMINGHAM B1 2HE; Southey House, Wine Street, BRISTOL BS1 2BQ. *All mail orders should be sent to*: HMSO Publications Centre, 51 Nine Elms Lane, LONDON SW8 5DR

UNITED STATES OF AMERICA: *Copies of individual publications (not subscriptions)*: WHO Publications Center USA, 49 Sheridan Avenue, ALBANY, NY 12210. *Subscription orders and correspondence concerning subscriptions should be addressed to the* World Health Organization, Distribution and Sales, 1211 GENEVA 27, Switzerland. *Publications are also available from the* United Nations Bookshop, NEW YORK, NY 10017 *(retail only)*

USSR: *For readers in the USSR requiring Russian editions*: Komsomolskij prospekt 18, Medicinskaja Kniga, MOSCOW — *For readers outside the USSR requiring Russian editions*: Kuzneckij most 18, Mezhdunarodnaja Kniga, MOSCOW G-200

VENEZUELA: Librería Médica Paris, Apartado 60.681, CARACAS 106

YUGOSLAVIA: Jugoslovenska Knjiga, Terazije 27/II, 11000 BELGRADE

Special terms for developing countries are obtainable on application to the WHO Programme Coordinators or WHO Regional Offices listed above or to the World Health Organization, Distribution and Sales Service, 1211 Geneva 27, Switzerland. Orders from countries where sales agents have not yet been appointed may also be sent to the Geneva address, but must be paid for in pounds sterling, US dollars, or Swiss francs. Unesco book coupons may also be used.

Prices are subject to change without notice.

The treatment of drug or alcohol dependence is often a long and complicated process requiring continued efforts on the part of both the patient and the health workers concerned. Social rehabilitation of the drug or alcohol misuser in the community is an essential part of this process if the treatment is to have any lasting effect. The community health worker thus has a key role to play in the management of these patients since he or she is ideally placed not only to detect cases of misuse at an early stage but also to offer help and support to individuals and families and to promote understanding of the problems within the community.

This book provides guidance for community health workers faced with these tasks. It may be used either as part of a training course or as a reference source for the health workers themselves. Guidelines are provided for trainers of community health workers on the use of the manual in training and on its adaptation to local circumstances.

Price Sw fr 9

41